2251

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 427
Registered No. 427

1. PLACE OF BIRTH

County *Gila*   State *Ariz*

District or Township _____ or Village *# 1*

City *Miami*   No. *5 Gordon St* _____ St., _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Cesario Gomez*
{ If child is not yet named, make supplemental report, as directed.

| 3. Sex of Child *male* | To be answered ONLY in event of plural births. | 4. Twin, triplet or other *X* | 6. Legitimate? *yes* | 7. Date of birth *8-27-29* |
| | | 5. No., in order of birth | | Month Day Year |

8. FATHER	14. MOTHER
Full name *Rosalio Gomez*	Full maiden name *Crescencia Lopez*
9. Residence (Usual place of abode) *Miami Ariz* If non-resident, give place and state.	15. Residence (Usual place of abode) *Miami Ariz* If non-resident, give place and state.
10. Color or race *Mexican* 11. Age at last birthday *37* (Years)	16. Color or race *Mexican* 17. Age at last birthday *29* (Years)
12. Birthplace (city or place) *Jalisco* (State or country) *Mexico*	18. Birthplace (city or place) *Jalisco* (State or country) *Mexico*
13. Occupation *Miner* Nature of industry *Copper Mining*	19. Occupation *Housewife* Nature of industry

| 20. Number of children of this mother *6* (Taken as of time of birth of child herein certified and including this child.) | (a) Born alive and now living *3* (b) Born alive but now dead *3* (c) Stillborn *none* | 21. Were precautions taken against ophthalmia neonatorum? *yes* |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *Born alive* at *2* *P* m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature *L. A. Davis*
Physician
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year

Address *M. I. Hospital*

Filed *Sept 12,* 19 *29*   *C. E. Jones*
_____ Registrar   Registrar

379-897-339